

Washington Metropolitan Area Transit Commission

2010 Carrier Annual Report Form

PLEASE NOTE:

- Each carrier holding a WMATC certificate of authority on January 1, 2010, must file a complete 2010 annual report and pay a \$150 annual fee on or before **February 1, 2010**. To be timely, the report and fee must be received at WMATC's office by this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$100 late fee**. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **\$100 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 4, 2010.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

1. ANNUAL REPORT OF:

1304 Behavioral Research Associates, Inc.

*WMATC No. *Name of Carrier (as shown on certificate of authority)

4288 1/2 Southern Avenue, S.E., Washington, DC 20019-5630

*Street Address of Principal Place of Business

P.O. Box 492110, Fort Washington, MD 20749

Mailing Address (if different from street address)

(202) 575-3840

202-391-5711

(202) 575-0126

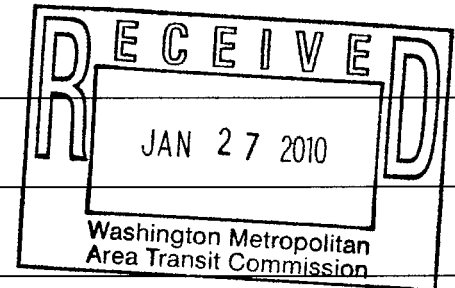
behaviorresearch@comcast.net

*Telephone Number

Other Telephone

Fax Number

E-mail



2. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Andrew M. Gordon

Executive Director

*Name

*Title

(301) 203-1942

202-391-5711

(301) 203-4552

behaviorresearch@comcast.net

*Telephone Number

Other Telephone

Fax Number

E-mail

3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*(Complete **ONLY** if Street Address in item 1 is **OUTSIDE** Metropolitan District):

ANNETTE HOUSE

Name of Registered Agent for Service of Process

2617 DOUGLASS PL SE #203 WASHINGTON DC 20020

Street Address

202-365-8218

301-203-1942

301-203-4522

ahouse9@NETZERO.COM

Telephone Number

Other Telephone

Fax Number

E-mail

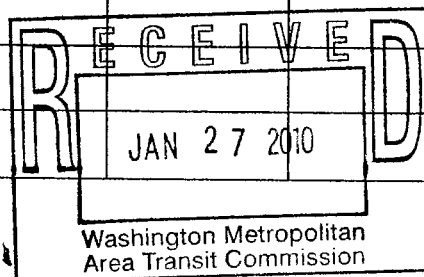
(continued on next page)

4. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

No changes have occurred.

5. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** Choose one of the following three options: (1) list your vehicles below; (2) make any necessary corrections on the enclosed vehicle list and return it with this form; or (3) attach your own vehicle list. Include all required information.

Fleet No. (if applicable)	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity
✓	2007	Ford	1FBSS31L67DA97712	30488B	MD	9
✓	2005	Ford	1FBNE31L75HB07495	37988B	MD	12
✓	2002	Dodge	2B5WB35222K131406	30487B	MD	15
✓	1999	Dodge	2B4JB25Y1XK500893	30485B	MD	8
✓	2006	Ford	1FBSS31L06DA04603	39592B	MD	9
✓	2001	Dodge	2B5WB35Z11K552533	30486B	MD	15
	2008	Ford	1FBNE31L780B31727	46250B	MD	12



6. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Andrew M Gordon

*Name (Type or Print)

Executive Director

*Title

[Signature]

*Signature

1/25/10

*Date

(end)